

## Prodromal itching in asthma

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**SUMMARY.** In a survey of 50 young asthmatic patients it was found that 35 (70 per cent) recognized a sensation of itching of the lower face, or anterior neck, in association with their asthmatic attacks. Sixteen (32 per cent) said that the itching closely preceded subjective wheezing, and 15 (30 per cent) said that it occurred at the onset of wheezing. Recognition of this early sign may be of use in the prompt treatment of an asthmatic attack.

### Introduction

**PRODROMAL** itching of the lower face or anterior neck in association with asthmatic attacks is not commonly described by the patient, or recognized by his doctor. It is omitted from most textbooks, but is described by Vaughan and Mackay (1975).

### Aim

This study was made to discover the prevalence of the phenomenon, and to see if there were any diagnostic or therapeutic implications. Comment is also made on the nature of this phenomenon.

### Method

Fifty asthmatic patients seen consecutively by me in general practice, and in a medical hospital appointment, were studied. They were soldiers (normally excluded from army entry by a current history of asthma), service-supporting civilian staff, their wives, and children, all living in Western Germany. Children under the age of seven were excluded as their testimony was felt to be unreliable. The average age was 21·5 years, the sex ratio was 1·1 male to 1 female.

I compiled a simple questionnaire which I put to each patient, which recorded his identifying details, the nature of his attacks, whether he recognized prodromal itching, and, if present, the site of the itch.

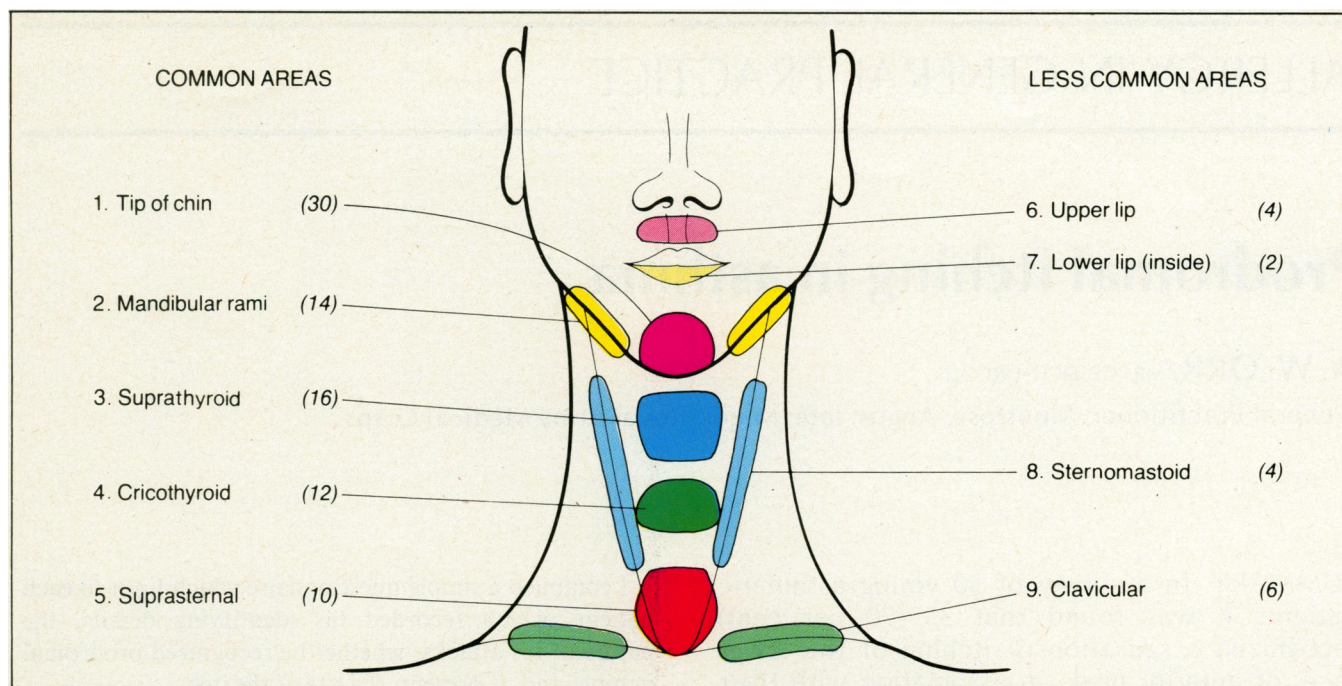
**Table 1.** Prevalence of itching in asthmatic patients (percentages are given in brackets).

	All patients	Episodic wheezers	Non-episodic wheezers
Itching sign present	35 (70)	30 (81.1)	5 (38.5)
Itching sign absent	15 (30)	7 (18.9)	8 (61.5)
Total	50 (100)	37 (100)	13 (100)

### Results

The prevalence is shown in Table 1, where an analysis has been made of those patients who were truly episodic wheezers and those who had a continuous wheeze, with exacerbation. Of all those who itched, 16 (32 per cent) said that the itching closely preceded subjective wheezing and 15 (30 per cent) said that it occurred at the onset.

The itching itself was described as a transitory sensation, lasting one to two minutes, varying in intensity between a mild tickle in most patients and a severely uncomfortable itch causing marked rubbing of the affected area in an attempt to relieve it. One patient carried a small hairbrush in her handbag for this purpose. Objective scratching was noticed by half the mothers of the 14 children in the study. There was no cutaneous manifestation apart from that secondary to scratching. The phenomenon was always felt in the same cutaneous area, being symmetrically bilateral, except in two cases in which it was consistently unilateral. Nine such areas were identified (Figure 1). Ten patients (28·6 per cent) itched in two or three contiguous areas.



**Figure.** Areas of referred itch. Figures are percentages of the total number of itching areas (49) in affected patients (35).

## Discussion

Referred itch from cutaneous stimulation has long been recognized and has recently been reviewed by Evans (1976). In the case of prodromal itching in asthma, the effector cutaneous response is similar to that described by Evans, although it is more consistent in geographical area. The exciting stimulus differs in being visceral, presumably from bronchi which are irritated. It seems probable that the two types of referred itching are related.

A firm history of prodromal asthmatic itching may be helpful in confirming diagnosis in those mild asthmatics who present at the surgery with no clinical evidence of bronchospasm.

A more obvious use of the sign may be that, when recognized subjectively by the patient, or objectively by a child's parent, early medication (conveniently by use of an aerosol-inhaled bronchodilator) may be started with a view to aborting an attack.

## References

- Evans, P. R. (1976). Referred itch (Mitempfindungen). *British Medical Journal*, 2, 839-841.
- Vaughan, V. C. & Mackay, R. J. (Eds) (1975). *Nelson's Textbook of Paediatrics*. 10th edition. Philadelphia: W. B. Saunders.

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## President Carter sends greetings

The following telegram from President Jimmy Carter was received and read by President John Kelly to the Congress of Delegates during its afternoon session on 24 September:

I send warmest greetings to the members of the American Academy of Family Physicians as you hold your 1978 Annual Meeting.

Both as the AAFP and under its former name of the American Academy of General Practice, your organization has long been recognized for outstanding leadership in providing continuing comprehensive patient care. I commend you for your accomplishments in developing ongoing education programmes and other activities that have been instrumental in improving the practice of family medicine which ultimately has benefited the health of all Americans.

As we seek ways to improve the accessibility of health services and to contain the rising costs of health care in this nation, I look forward to the continued co-operation of your Academy and its dedicated and highly professional members in helping to shape a health service delivery system that truly meets the needs of all our people.

I hope your Annual Meeting will be a most productive one, and I wish you every success in your future endeavours.

## Reference

- AAFP Reporter* (1978). 5, 20.